

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | PA       | 70345  | 10-31-00 |
| O.I.P.E. CLASSIFIER       |          |        |          |
| FORMALITY REVIEW          |          |        |          |
| RESPONSE FORMALITY REVIEW |          |        |          |

### INDEX OF CLAIMS

|   |                            |   |              |
|---|----------------------------|---|--------------|
| ✓ | Rejected                   | N | Non-elected  |
| " | Allowed                    | I | Interference |
| - | (Through numeral) Canceled | A | Appeal       |
| : | Restricted                 | O | Objected     |

| Claim    | Date    |
|----------|---------|
| Final    |         |
| Original |         |
| 1        | 5/22/02 |
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| Claim    | Date |
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| Claim    | Date |
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